POSITION	INITIALS	ID NO.	DATE
	SF		9-19-01
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	MDV	JD	09-26-01
FORMALITY REVIEW	H.T.	1117	10/12/01
RESPONSE FORMALITY REVIEW	T2	947	03/06/02

INDEX OF CLAIMS

✓ .... Rejected	N .... Non-elected
.... Allowed	J .... Interference
– (Through numeral).. Canceled	A .... Appeal
.... Restricted	O .... Objected

BEST AVAILABLE COPY

Claim Final	Original	Date										Claim Final	Original	Date									Claim Final	Original	Date								
	1	3/8 2											51											101										
	2	N M											52											102										
	3	V N											53											103										
	4	N N											54											104										
	5	N N											55											105										
	6	N											56											106										
	7	N N											57											107										
	8	N N											58											108										
	9	N N											59											109										
	10	N N											60											110										
	11	N N											61											111										
	12	N N											62											112										
	13	N N											63											113										
	14	N N											64											114										
	15	N N											65											115										
	16	N N											66											116										
	17	V V											67											117										
	18	V V											68											118										
	19	V V											69											119										
	20	V V											70											120										
	21	V V											71											121										
	22	V V											72											122										
	23	V											73											123										
	24	N N											74											124										
	25	N N											75											125										
	26	N N											76											126										
	27	V N											77											127										
	28	N N											78											128										
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	48												98											148										
	49												99											149										
	50												100											150										

If more than 150 claims or 10 actions
staple additional sheet here

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